IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF MISSISSIPPI
NORTHERN DIVISION

EXHIBIT 1

ANGELA RUSSELL, AS ADMINISTRATRIX
OF THE ESTATE OF JEREMY T. RUSSELL
AND ON BEHALF OF THE WRONGFUL DEATH
BENEFICIARIES OF JEREMY T. RUSSELL
Plaintiffs,

VERSUS CASE NO. 3:22-CV-294-HTW-LGI

MANAGEMENT & TRAINING CORPORATION;
MICHAEL MCCLINTON; ASHLEY RAY;
MARCUS ROBINSON; ROXIE WALLACE;
JACOB VIGILANTE; JOHN AND JANE DOE
CORRECTIONAL OFFICERS; VITALCORE
HEALTH STRATEGIES, LLC; EVELYN DUNN;
STACEY KITCHENS; WILLIAM BRAZIER; and
JOHN AND JANE DOE MEDICAL PROVIDERS
Defendants.

DEPOSITION OF EVELYN DUNN
Taken at the East Mississippi
Correctional Facility, located at
10641 Highway 80 West, Meridian,
Mississippi 39307, on Wednesday,
February 8, 2023, beginning at
9:51 a.m.

REPORTED BY:

Laura Cross, CCR #1691
Court Reporter and Notary Public

APPEARANCES:

GRAFTON E. BRAGG, ESQUIRE
Bragg Law, PLLC
Suite 3A-120
Ridgeland, Mississippi 39157
Telephone: (601) 624-1153
grafton@graftonbragglaw.com
ATTORNEY FOR PLAINTIFF

MICHAEL E. CHASE, ESQUIRE
Mitchell, McNutt & Sams, PA
105 South Front Street
Tupelo, Mississippi 38804-4869
Post Office Box 7120
Tupelo, Mississippi 38802-7120
Telephone: (662) 842-3871
Fax: (662) 842-8450
mchase@mitchellmcnutt.com
ATTORNEY FOR VITALCORE HEALTH STRATEGIES, LLC; EVELYN DUNN; STACEY KITCHENS AND WILLIAM BRAZIER

R. JARRAD GARNER, ESQUIRE
Adams and Reese, LLP
1018 Highland Colony Parkway
Suite 800
Ridgeland, Mississippi 39157
Telephone: (601) 292-0701
Fax: (601) 355-9708
jarrad.garner@arlaw.com
ATTORNEY FOR MANAGEMENT & TRAINING CORPORATION; MICHAEL MCCLINTON; ASHLEY RAY; MARCUS ROBINSON; ROXIE WALLACE AND JACOB VIGLIANTE

issues on other units. Having issues. They don't want to go back to that zone. So we work with security to work out what's some recommendations for that client.

Q. So I'm hearing that camp support is really there if there are housing issues.

A. It can be. That's one benefit. It can be housing issues, one.

Q. Do you view camp support as a form of mental health observation, as well?

A. Let me define observation. Now the client won't -- is not on mental health suicide watch or psychiatric observation. The terminology we -- the terminology we use would be a mental health hold, something like a mental health hold where we work with security. We discuss this person's having issues in population. When I say "population," we're referring to the units. Unit 1 is a general population unit. Unit 2, 3, 4, those are general population units. So, for example, if I had a client that had issues on those units we communicate with security and say, Look. This person's having issues here. Let's utilize camp support. And we agree. We don't make the final decisions but they're going to work

BY MR. BRAGG:

Q. Is there -- okay. So is it true that every security concern is not a mental health concern?

A. Define concern for me. Because I'm a provider. And when I speak -- when I hear concern -- so I may see concern a little different. So --

Q. Okay.

A. -- define concern for me.

Q. Okay.

A. Because my concern may be different than someone else as a provider. So define your concern for me.

Q. If a patient is presenting in a way that indicates the need for mental health treatment, okay, will they ever be sent to camp support?

A. Repeat that for me.

Q. If a patient is presenting in a way that indicates a need for mental health treatment will that patient ever be housed in camp support?

A. Yes, sir.

Q. Okay. And why is that?

A. For example, if I have a patient that's having mental health issues -- not suicidal -- not

suicidal -- we try to put them on a mental health unit. We have mental health units. But the person may be paranoid; doesn't want to be on that unit. It is a concern and -- but he's not suicidal. He's not -- won't take medications. He's not at a point that I can force you to take medication. We can utilize camp support. That gives limited housing, a limited number of other patients or inmates in that smaller population. So we can utilize that for a mental health hold --

Q. Okay.

A. -- to give us time to decide on what's best interest for that patient rather than say, You have a housing issue. You don't want to stay on that unit. That's not a concern. No. We know he has some behavior issues, some conduct issues, some mental health issues. The person doesn't want to be in population. Then we know that there's a reason why this may be going on --

THE WITNESS:

-- let me know if I need to slow down --

A. -- with this patient. Then we can discuss that with security and recommend what's appropriate for that. And often we use camp

support for that.

Q. Okay. Thank you.

A. Uh-huh (affirmative).

Q. That answers my question.

A. Because it gives us time to decide on what's best rather than make some quick decisions. What's in the best interest for the patient.

Q. Okay. That answered my question.

A. So do we --

Q. Okay. You said mental health unit. What unit is that?

A. Unit 3 is what we consider -- when you hear mental health unit that will be Unit 3.

Q. Okay. And that's general population?

A. Yes, sir.

Q. All right. Are there -- is there increased supervision at camp support?

A. No, sir.

Q. Okay. Is it -- what --

A. Define -- I'm sorry. I do this every day so I may ask you sometimes to define something for me. It's just to make sure we're clear.

Q. That's fine.

A. So let me know if I'm being a little bit -- I may ask you to define something for me.

precaution that would mitigate the risk that someone would commit self-harm.

A. Yes, sir.

Q. Okay. And what are those?

A. If I had a patient over there that's on mental health hold, if the person was engaging in behaviors that needed medications we can administer medications over there, as well. I could give someone medications over there because they're on a mental health hold. So we can give medications on that unit. That would be one...

Q. Okay.

A. We can treat, uh-huh (affirmative).

Q. What about property -- orders about property restriction? Could there be -- could a provider put an inmate on property restriction while they're at camp support?

A. If they're in camp support we could, yes, sir.

Q. Okay. So you could basically issue an order that says, This inmate at camp support can't have access to a bed sheet?

A. We couldn't give an order, we would work with security more on the patients that -- we could discuss that with security.

Q. You would just communicate with security.

A. Uh-huh (affirmative). We could discuss that with security. Uh-huh (affirmative).

Q. I asked you about whether you had the electronic medical record available that was generated under Mississippi Department of Corrections when you're treating a patient. I asked you about that generally earlier. Do you recall that?

A. Yes, sir.

Q. Okay. In this case we're obviously here to talk about Jeremy Russell.

A. That's right.

Q. And so is it also accurate to say that you would have had Jeremy Russell's electronic medical records that were generated in the context of the MDOC facilities?

A. Yes, sir.

MR. BRAGG:

Do we want to take a short break?

MR. GARNER:

I was just about to ask to.

(A recess was taken.)

BY MR. BRAGG:

shirt.

Q. All right.

A. When we say ligature I think -- let me explain terminology. Ligature can be anything that someone puts around -- it's a ligature. But it can be anything.

Q. Right. And it listed it as being a shirt.

A. A shirt.

Q. All right. Tell me what you -- tell me what you found during your visit with Jeremy Russell on 9/28/21.

MR. CHASE:

Object to form.

BY MR. BRAGG:

Q. Okay. How did the visit go? What -- what happened during the visit?

A. The visit is documented here. So what parts? Just tell me what parts you're referring to. Because everything -- my assessment's documented in here --

Q. Okay.

A. -- according to visits.

Q. So did you make the decision to admit him to the -- to non-acute suicide observation?

A. Yes, sir.
Q. Okay. Why did you make that decision?
A. The decision to admit him?
Q. Uh-huh (affirmative).
A. Several reasons. He's a new intake to the facility. Just transferred today. And based on the behaviors exhibited there was referred to me by mental health indicating he placed something around his neck. Although he stated he did not -- he simply -- he showed me what he did indicating that he did not try to hang himself, that he did not tie it around his neck, that he laid it on top of his shoulder is documented here in the records. The reason I decided to admit him -- again, just transferred from another facility. Had been on mental health watch previously at the previous facility. And based on his history of being on suicide watch. So a number of pos -- a number of things led to my decision there as documented in here in the record.
Q. Okay.
A. Uh-huh (affirmative).
Q. So he showed you about the -- about how he placed the T-shirt around him; is that correct?
A. As I have it documented, he had the

want to answer the question.

MR. CHASE:

Yeah, take all the time you need to read it.

A. Okay. Uh-huh (affirmative). Do you want me to read it out to you? Because I can tell you if this is why I discharged him here based on all this.

BY MR. BRAGG:

Q. I want to know every reason you made that decision.

A. Okay.

Q. So if there's anything that's not in the record, I want to hear that.

A. Okay.

Q. If there's anything that's not in the record, I want to hear that.

A. In my decision he denied suicidal thoughts. He asked to go to camp support. First of all, he denied being suicidal. He was calm, pleasant, cooperative. We had given him Haldol the day before, Haldol Lac. Symptoms were stable today. As I indicated, calm, pleasant, denied suicidal thoughts. And that was basis for discontinuing suicide watch.

discharge a patient.

BY MR. BRAGG:

Q. Okay.

A. Denied suicidal thoughts, behaviors, calm, pleasant, cooperative.

Q. Okay. So he denied suicidal thoughts. He was cooperative. You had given him Haldol the day before. His symptoms were stable.

A. Uh-huh (affirmative).

Q. Did anything else enter into your decision at that point?

A. Well, let me explain that a little here. He had used spice the day before. Spice, drugs has a potential to alter your moods and thoughts. Give him Haldol, clinical evidence. We give you medicines such as that. It can stabilize symptoms pretty quickly in a short time.

Q. Okay.

A. It's not uncommon to have someone present to you with drug-induced -- and you give them medications, Haldol. And they stabilize immediately and be discharged the next day. It's not uncommon practice what we do.

Q. Okay. So let's talk about that. So he got spouse -- he got spice the previous day.

A. I'm sorry. Yes. Uh-huh (affirmative).
Q. Or I guess it was the day before he entered suicide watch. Yeah. Obviously he didn't get spice in suicide watch; correct?
MR. CHASE:
Object to form.
BY MR. BRAGG:
Q. I was just trying to get our dates right. So he reported having spice on October 3, 2021?
A. According to my notes on October the -- October the 4th.
Q. Okay. It was on the 4th.
A. As I have it indicated in the third paragraph of my assessment we discussed his use of illicit drugs to include used spice today. So that would have been on the 4th he used spice, the third day of his admission.
Q. And, for the record, you're going back to --
A. I'm sorry.
Q. -- that was -- you were reading from Exhibit 5 on that?
A. No.
Q. Oh, Exhibit 6.

-- he informed me that he wanted to go to camp support. That was one of his requests, that he did not want to go back into general population. He wanted to be in camp support.

Q. He had been there before.

A. Yes, been there before at the previous housing. He was here before. So I weighed that into my decision and recommended him to be there, as well. We listen to patients. We try to listen to what their opinion is. So he also stated he wanted to be housed in camp support. He had been there before so he was used to that environment.

Q. And so you agreed with his request on that?

A. He had been there before. He was used to the environment. He did not want to go back to a larger unit. Camp support's a small unit.

Q. At that time did you consider whether it may be a good idea to restrict his property as he was going to camp support?

A. At that time he denied suicidal thoughts. He did not exhibit any suicidal behavior. He was not engaging in any dangerous behaviors or any risky behaviors. So at that time there was no indications to just restrict

someone's property and just take their property for no reason, I should say.

Q. All right.

A. There was no indications at that moment that he needed to be on property restriction. Although he had a history of engaging in those behaviors, at that moment the goal was to give him the least restricted to give him opportunity if he's not exhibiting any behaviors.

Q. Were you aware as you sat there in October of 2021, that Jeremy had disclosed in his electronic medical record a plan to kill himself with a bed sheet? Did you know that as he was going into camp support on October 5, 2021?

A. Which date are you referring to he would have discussed that?

Q. So on October -- and it wasn't recent. It was back in 2019, I believe. But were you aware that he had made a disclosed plan to hang himself with a bed sheet at some point in his medical history?

A. When you say "disclosed plan," he had been on suicide watch quite frequently throughout his stay.

Q. Uh-huh (affirmative).

correct?

A. No, sir.

Q. Did a physician or a psychologist participate in the decision in any way to discharge Jeremy from suicide watch on October 5, 2021?

A. No, sir. But can I explain that to make it clearer? As a psychiatric nurse practitioner --

Q. You can certainly explain your answer. Can you answer my question before you explain?

A. Yeah, I'm sorry. Just like -- just trying to make it easier for you. So I just want to clarify. So a lot of my things may be explained. And just to make it clearer for you --

Q. Uh-huh (affirmative).

A. -- just to make it clear, you know -- just not make it difficult, just make it clear. But as a psychiatric nurse practitioner we have to -- can discharge or admit someone to suicide watch.

Q. You've got practice agreements with the psychiatrist; correct?

A. To discharge someone from suicide watch you don't even have to collaborate with a

psychiatrist. We have the ability to discharge and admit someone on suicide watch without collaborating with someone.

Q. Okay. Is that the policy of VitalCore?

A. I don't have that policy in front of me. So we would have to look at that policy if we want to discuss that policy. I don't have it in front of me, the policy. But scope of practice is that we have the --

Q. That's the way things are done at VitalCore. That's the way things are done here at East Mississippi? Is that fair to say?

MR. GARNER:

Object to form.

A. You mean discharging someone from suicide watch?

BY MR. BRAGG:

Q. Yeah, you can discharge someone from suicide watch; is that correct?

A. I'm referring to my scope of practice as a psychiatric nurse practitioner. I have the scope. That's within my scope of practice. Uh-huh (affirmative).

Q. Okay. I understand.

A. Sorry.

what would you do in that situation? Would you discharge someone from suicide watch?

MR. GARNER:

Object to the form. And I'll explain to you why. Because MTC --

MR. BRAGG:

You're speaking.

A. Yes.

MR. GARNER:

Huh?

MR. BRAGG:

Your speaking objection.

MR. GARNER:

Well, I mean --

MR. BRAGG:

Let me -- I want to get her answer.

MR. GARNER:

Object to the form.

THE WITNESS:

And I'm going to explain that. I'm going to explain that MTC doesn't govern us health care mental health providers. They don't -- we don't have a policy that we follow with MTC. MTC does not guide in how we discharge, admit or treat -- treat patients.

BY MR. BRAGG:

Q. You were.

A. And that's what MTC -- and some people get a little confused and I just have to elaborate. MTC's security side -- when we say "security," --

Q. Right.

A. -- they do more than security and classification but they do not govern the decisions we make as far as our clinical care.

Q. I understand.

A. They do not govern that part of that. Uh-huh (affirmative).

Q. Okay. But VitalCore does have input in developing MTC's policies and protocols as it relates to mental health care?

A. I think it would be better to say that we have communication as a organization in what policies are in place and procedures --

Q. Okay.

A. -- to make sure that we are working well together and making sure that no one is overlapping the other. I hope that's not confusing for you.

Q. No. No, it's not.